Calendar Year 2025, Vol. 2

FORCE REPORT

17TH FORCE MASTER CHIEF PATRICKPAUL "PaP" MANGARAN
DIRECTOR OF THE HOSPITAL CORPS

Warriors, it's been a productive quarter for Navy Medicine, filled with engagements focused on readiness, modernization, and, most importantly, supporting you. Let me share some highlights of our recent activities:

In December, I joined Surgeon General Rear Adm. Darin Via on a visit to the Navy Drug Screening Laboratory in Jacksonville. Our goal was twofold: to see firsthand the critical work being done at the lab and to discuss how we can best support its future. We examined current operations and discussed planned modernization efforts, which includes investments in new equipment and the implementation of improved workflows. Maintaining state-of-the-art laboratories is essential to providing the highest quality support to our Sailors and Marines, ensuring accurate and timely results that contribute directly to warfighting readiness. Modernization efforts not only enhance our capabilities but create a more efficient and effective work environment for our skilled lab technicians.

We also prioritized connecting with our shipmates at Navy Medicine Readiness and Training Command (NMRTC) Jacksonville. We held an all-hands call, providing an opportunity for open communication and direct engagement with the Sailors and Marines stationed there. I was impressed by the insightful questions and the level of engagement from the audience. We also had the privilege of recognizing some outstanding performers, highlighting their contributions and dedication to Navy Medicine. These visits are crucial not only for building trust between leadership and the fleet but also for ensuring that everyone feels valued, heard, and appreciated. It's imperative that our Sailors and Marines know that their leadership is actively engaged and genuinely cares about their concerns.

January ushered in Flag Officer, Senior Executive Service, Force Master Chief (FOSESFOR). This gathering brought together Navy Medicine's top leaders to chart our strategic course for the future. With "Readiness for War" as our overarching theme, we tackled a wide range of topics, from budget priorities and resource allocation to operational readiness and strategic planning. Key discussions revolved around the FY25 Campaign Order, outlining our objectives and priorities for the coming fiscal year; supporting operations in U.S. Central Command, a critical area of responsibility; and the ongoing development and enhancement of our Expeditionary Medical Delivery Systems (EXMEDs), which is crucial for providing medical support in deployed environments. We also emphasized the importance of a medically ready force, focusing on essential training initiatives like non-medical combat skills and Tactical Combat Casualty Care (TCCC). These skills are true force multipliers, ensuring our medical personnel are prepared for any contingency and capable of providing lifesaving care in the most challenging circumstances.

In February, we hosted the Naval Safety Command at BUMED for a comprehensive assessment of our safety management and risk control systems. They meticulously examined every aspect of our operations to identify potential hazards and areas for improvement. I appreciate their thoroughness and commitment to ensuring we're doing everything possible to protect our people and our patients. Safety is not merely a program; it's a

culture, and we all share the responsibility for creating a safe and healthy work environment.

Recognizing that recruiting and retaining the best and brightest is critical to the future of Navy Medicine, our Hospital Corps senior enlisted leaders convened in Millington for a manning summit. Our teammates tackled the challenges we face in attracting and retaining top talent, exploring innovative solutions to ensure we have the right people in the right roles at the right time. It was a crucial step forward in shaping the future of our force.

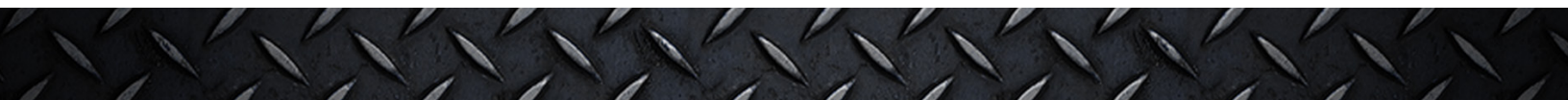
Serving as your Force Master Chief is an honor, and my team and I are deeply committed to representing your interests and ensuring your voices are heard within Navy Medicine leadership. I was humbled to be invited to share practical leadership insights with fellow military medical leaders at the Joint Medical Executive Skills Institute (JMESI). This was a valuable experience, and I encourage others to pursue similar opportunities to share their knowledge and expertise. The federal healthcare professionals meeting provided a crucial platform for vital discussions on advancements in military health, bringing together experts from across the field to share best practices and explore innovative solutions. I was also privileged to participate in the 2025 DSI OpMed Summit as part of a senior enlisted leader panel. We discussed critical challenges and opportunities facing military medicine, including recruiting and retention, training agility, and standardization. It was a valuable forum for collaboration and identifying solutions to improve combat casualty care.

In March, SG and I did a Gemba Walk, connecting directly with Sailors and staff from NMRTC Great Lakes with how they used Get Real Get Better principles to support Navy Medicine Training Support Command (NMTSC). This offered invaluable opportunities to hear their concerns firsthand and share the best practices seen across our organization.

At the recent CPO birthday celebration at BUMED headquarters, I had the opportunity to address our chiefs and reinforce our role as chief petty officers: to be that technical and institutional expert and leader, or as the Chief Petty Officer Creed states, “the fountain of wisdom, the ambassador of good will, the authority in personal relation as well as in technical application.” I emphasized the critical importance of expeditionary medicine, force generation, force development, force preservation, continuous improvement, and family support – the cornerstones of a ready medical force. We must be adaptable, resilient, and always striving for excellence to be the leaders our Navy and Marine Corps deserve.

And, some exciting news for our Hospital Corps: We're proud to announce the approval of two new NECs: the L50A (Emergency Medical Technician) and the L50B (Emergency Medical Technician-Paramedic) to support building our En Route Care System. This bolsters our pre-hospital care capabilities and directly contributes to a more ready and lethal naval force. The L50A designates EMTs skilled in BLS, PHTLS, and TCCC Tier III, enabling them to stabilize and transport patients in diverse emergency situations. The L50B identifies paramedics trained in ALS, PHTLS, and TCCC Tier IV, equipping them to handle complex medical scenarios, often leveraging reach-back medical oversight. This enhanced specialization creates a more flexible and adaptable medical force. Look for the official implementation of these NECs—L50A in July 2025 and L50B in April 2025—in NAVPERS 18068F, Volume II. It's a significant step towards a more responsive and agile Navy Medicine! More to follow as we navigate through the details.

There is still plenty to do, and we will continue to grind each day. Keep pressing forward and change our socks.



CAREER COUNSELOR CORNER

NAVFIT Modernization

The Navy is discontinuing eNavFit effective May 1, 2025. NAVFIT98A will be updated to increase functionality, and version 32 was launched in February 2025. Commands should not start any evaluations or fitness reports in eNavFit after March 15, 2025. All existing eNavFit appraisals must be completed using eNavFit and submitted to PERS-32 by April 15, 2025. Thanks to valuable feedback from Sailors and lessons learned throughout eNavFit's development, the Navy is consolidating performance evaluation needs and services into a single platform. The NAVFIT98A modernization updates include functionality in Microsoft Office 365, auto validation tools to reduce submission errors and rejection rates and is scheduled to include the upcoming new chief petty officer evaluation, and will be compatible with all workstations Sailors use service-wide.

FAQ

Q1: Why is the Navy discontinuing eNavFit?

A1: Due to feedback from Sailors and lessons learned during the development of eNavFit, the Navy decided to modernize the NAVFIT98A platform, which commands could already access across the Fleet

Q2: Where can I find more information?

A2: Please read NAVADMIN 012/25 at www.mynavyhr.navy.mil.

Q3: How do I access and download stored evaluations and summary groups before eNavFit goes offline?

A3: Reporting seniors and their trusted agents have access to all performance appraisals and summary groups, created and completed in eNavFit, under their profile. They also can download a completed summary group or individual performance appraisal to a local machine or storage device.

Q4: What happens to appraisals and summary groups once eNavFit goes offline?

A4: Users can download the performance appraisals and summary groups to their local computer or storage device prior to eNavFit going offline. eNavFit was not designed to be a repository for commands to maintain historical performance appraisals.

Q5: How do selection boards track appraisals and summary groups if NAVFIT98A is only locally available?

A5: eNavFit and NAVFIT98A are the applications used to create performance appraisals that are submitted to PERS-32 for processing into EMPRS and the member's OMPF. Performance appraisals that are reviewed in selection boards have already been submitted to PERS-32. eNavFit has no bearing on how performance appraisals are tracked or reviewed in selections boards.

Q6: Who do I contact for technical assistance to acquire or verify NAVFIT98A on my workstation?

A6: If you experience any issues, you should contact your command's IT support and/or MyNavy Career Center (MNCC) for assistance. MNCC can be contacted online at https://my.navy.mil, by email at askmncc@navy.mil, or by phone at 1-833-330-MNCC (1-833-330-6622).

MESSAGE FROM THE DETAILERS

NEW PLACEMENT LEADS! Welcome to our new specialized placement lead, Maria E. Drew. After military retirement, she joined the Navy Personnel Command (NPC) team in 2022 and has since served in different positions within NPC.

Our newest addition to PERS 4013 HM Placement/Rating Evaluator team is HMC JohnMark G. Soriano. He is joining us from Fleet Surgical Team 8 in Norfolk. He will be taking over as the placement coordinator for Naval Medical Forces Pacific.

BRAVO ZULU JOB WELL DONE!

HM1 Davonte McCraven
NMRTC Bethesda, NMFL
Bureau of Medicine and Surgery Fiscal Year 2024 Sailor of the Year

YN1 Joseph Hunt
BUMED HQ

AWO1 Brady Joslin
NMOTC, NMFDC

HM1 Robert O'Bryant
NMRTC Bremerton, NMFP

Congratulations to HM1 Davonte McCraven, from NMRTC Bethesda, representing NMFL, selected as the Bureau of Medicine and Surgery's FY-24 Sailor of the Year! HM1 McCraven's leadership at NMRTC Bethesda and experience across multiple duty stations and deployments embodies the highest ideals of Navy Medicine. We also extend our congratulations to the other exceptional finalists: HM1 O'Bryant (NMRTC Bremerton, NMFP), AW1 Joslin (NSTI, NMOTC, NMFD), and YN1 Hunt (BUMED HQ). Your recognition as the final four is a testament to your outstanding service. Along with the 1,568 First Class Petty Officers from 8 ratings across Navy Medicine, you represent the unwavering commitment to excellence that defines our force. We are incredibly proud of all your achievements. Congratulations, and don't forget to change your socks!

DEFENSE HEALTH AGENCY

Joint Medical Executive Skills Institute Intermediate Executive Skills (JMESI-IES) Course

Enhance your leadership and management skills with the Joint Medical Executive Skills Institute Intermediate Executive Skills (JMESI-IES) Course. This course prepares you for intermediate-level leadership roles within the Defense Health Network or Defense Health Agency (DHA) medical/dental treatment facilities (MTF/DTF).

Who Should Attend:

This course is designed for officer, enlisted, and civilian personnel in intermediate leadership positions within DHA, Defense Health Networks, or DHA MTF/DTFs.

- Recommended Grades: O4-O5, E7-E8, GS11-GS13
- Minimum Grades: O3, E6, GS9

Course Format:

The course consists of two phases:

- Phase 1: 11 hour-long web-based training modules on Joint Knowledge Online (JKO).
- Phase 2: A 4-day virtual event conducted via Microsoft Teams.

What You'll Learn:

The curriculum covers a wide range of topics essential for healthcare leaders, including:

- Healthcare Leadership
- Problem Solving
- Data-Driven Decision Making
- Strategic Communication
- Change Management
- Access to Care

2025-2026 Course Dates:

- Feb 3-6, 2025
- June 9-12, 2025
- Oct 20-23, 2025
- Feb 23-26, 2026
- June 8-11, 2026
- Oct 19-22, 2026

(0700-1600 Central Time)

How to Register:

1. Complete Phase 1: Enroll in and complete the 11 prerequisite JMESI-IES Phase 1 modules on JKO (https://jko.jten.mil/dha). Search for "JMESI" in the Course Catalog.
2. Register for Phase 2: After completing Phase 1, search for course JMESI-US400 on JKO. Registration opens 90 days prior to each course date and closes two weeks before the start date or when capacity (300 attendees) is reached.

Important Notes:

- Obtain supervisor approval before registering.
- Attendance is required for all four days of Phase 2.
- Additional information and the MS Teams link will be sent upon registration for JMESI-US400.

For More Information:

- Email: dha.jbsa.education-trng.list.jmesi@health.mil
- SharePoint: https://info.health.mil/edu/jmesi/JMESI/SitePages/Home.aspx
- Health.mil: https://www.health.mil/jmesi

NEC SPOTLIGHT

Advanced Laboratory Technician - L31A

Impact the Front Lines of Healthcare: Step into a vital role as a Navy Advanced Laboratory Technician (L31A). Whether you're starting your journey or looking to elevate your corpsman career, this is your opportunity to make a real difference in the lives of Sailors and Marines.

What Awaits You:

- **Direct Impact on Health & Readiness:** As an L31A, you'll be the expert behind the diagnosis, ensuring our service members receive the highest quality care, from routine screenings to critical situations.
- **Master Advanced Medical Science:** Dive deep into microbiology, chemistry, blood banking, and more. Operate cutting-edge equipment and conduct critical diagnostic tests on blood, tissue, and other samples.
- **Unparalleled Career Growth:** Benefit from diverse career paths. Earn the prestigious ASCP (MLT) certification, highly valued in both military and civilian sectors. The L31A NEC opens doors to leadership roles and specialized training.

What We Offer:

- **Become a Certified Lab Professional:** Achieve the respected ASCP (MLT) certification, enhancing your expertise and future opportunities.
- **Financial Security and Rewards:** Secure a stable future with a 5-year obligated service and the potential to earn up to a $65,000 Selective Reenlistment Bonus.
- **Travel & See the World:** Serve your country while experiencing new cultures and broadening your horizons.

Are You the Right Fit? We seek individuals with:

- Strong attention to detail and meticulous work ethic.
- Solid foundation in biology, chemistry, anatomy, physiology, and medical terminology (Applicable to Direct Applicants).
- A drive to learn, lead, and make a difference in the lives of others.

Take the Next Step:

- **Interested Civilians:** Contact a Navy recruiter today to explore the exciting opportunities available to you.
- **Motivated Corpsmen:** Connect with your command career counselor to discuss your eligibility and start the application process.

Don't just treat the symptoms, uncover the answers. Become an Advanced Lab Tech!

COMMAND IN THE SPOTLIGHT

Navy Medicine Readiness and Training Command Corpus Christi

Navy Medicine Readiness and Training Command Corpus Christi (NMRTC CC) and its Navy Medicine Readiness and Training Units (NMRTU) Fort Worth (NMRTU FW), Kingsville (NMRTU K) and San Antonio (NMRTU SATX) provide ambulatory care services to over 10,000 enrolled beneficiaries comprised of military active duty, their family members, retirees and their family members in South Texas and the Dallas/Fort Worth area.

Each site centers its mission around providing expert quality care to warfighters while reinforcing the Navy Surgeon General's Four Lines of Effort. NMRTC CC, located aboard Naval Air Station Corpus Christi, provides primary care, pediatrics, optometry, industrial hygiene, pharmacy, aviation medicine, radiology, clinical laboratory, dental, physical therapy, preventive medicine, occupational health and behavioral health care services; additionally, our staff provides suitability screening, limited duty/integrated disability evaluation system support to Sailors and Marines across Texas and Oklahoma and Mexico while simultaneously providing subject matter expertise to providers at Brooke Army Medical Center in San Antonio, Texas.

NMRTU Kingsville provides primary care, pharmacy, aviation medical examinations for student Naval Aviators in the fixed wing training pipeline, clinical laboratory, and preventive medicine support. Both NMRTC CC and NMRTU K enable successful completion of Command Naval Aviation Training (CNATRA) mission of providing Naval Aviators to the fleet.

NMRTU San Antonio, established in September 2024, provides readiness and suitability screening services to the Navy's largest "A" school at the Medical Education and Training Campus (METC) at Fort Sam Houston, and case management services and medical board management to our Navy and Marine Corps Wounded, Ill and Injured Warriors (WII) at Brooke Army Medical Center (BAMC).

NMRTU Fort Worth, an active duty only facility located at Joint Reserve Base Fort Worth provides primary care, pharmacy, aviation medicine, clinical laboratory, dental, radiology, preventive medicine, and behavioral health care to Sailors and Marines.

BRAVO ZULU JOB WELL DONE!

Hospital Corpsman 1st Class Francis Pique

Medical Education and Training Campus

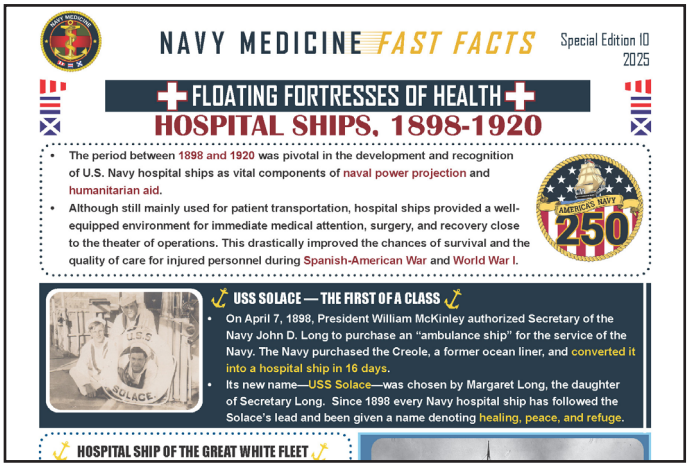
Hospital Corpsman 1st Class Francis Pique, assigned to the Medical Education and Training Campus (METC), Defense Health Agency, in San Antonio, Texas, was recently selected as the FY24 Joint Command Sailor of the Year!

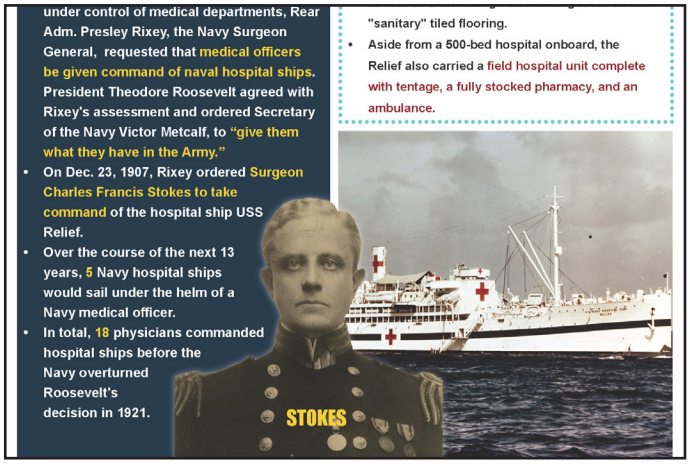
She is a Biomedical Equipment Technician program acting leading chief petty officer, overseeing a program that delivered ready and relevant training to 440 joint technicians to support a critically undermanned specialty across the services.

Amongst her many other roles, she is acting leading chief petty officer for Academics, where she led through the complexities of joint operations, provided educational programmatic guidance, and general mentorship to enable growth across nine METC programs. Pique will now go on to compete for Office of the Chief of Naval Operations (OPNAV) Shore Sailor of the Year!

NAVY MEDICINE FAST FACTS

April 2025


NAVY MEDICINE FAST FACTS
Special Edition 10
2025
FLOATING FORTRESSES OF HEALTH
HOSPITAL SHIPS, 1898-1920
The period between 1898 and 1920 was pivotal in the development and recognition of U.S. Navy hospital ships as vital components of naval power projection and humanitarian aid.
Although still mainly used for patient transportation, hospital ships provided a well-equipped environment for immediate medical attention, surgery, and recovery close to the theater of operations. This drastically improved the chances of survival and the quality of care for injured personnel during Spanish-American War and World War I.
AMERICA'S NAVY 250
USS SOLACE — THE FIRST OF A CLASS
On April 7, 1898, President William McKinley authorized Secretary of the Navy John D. Long to purchase an "ambulance ship" for the service of the Navy. The Navy purchased the Creole, a former ocean liner, and converted it into a hospital ship in 16 days.
Its new name—USS Solace—was chosen by Margaret Long, the daughter of Secretary Long. Since 1898 every Navy hospital ship has followed the Solace's lead and been given a name denoting healing, peace, and refuge.
HOSPITAL SHIP OF THE GREAT WHITE FLEET


under control of medical departments, Rear Adm. Presley Rixey, the Navy Surgeon General, requested that medical officers be given command of naval hospital ships. President Theodore Roosevelt agreed with Rixey's assessment and ordered Secretary of the Navy Victor Metcalf, to "give them what they have in the Army."
On Dec. 23, 1907, Rixey ordered Surgeon Charles Francis Stokes to take command of the hospital ship USS Relief.
Over the course of the next 13 years, 5 Navy hospital ships would sail under the helm of a Navy medical officer.
In total, 18 physicians commanded hospital ships before the Navy overturned Roosevelt's decision in 1921.
"sanitary" tiled flooring.
Aside from a 500-bed hospital onboard, the Relief also carried a field hospital unit complete with tentage, a fully stocked pharmacy, and an ambulance.
STOKES

This document serves as a comprehensive and engaging resource showcasing the diverse career paths, impactful contributions, and unique culture of Navy Medicine. Fast Facts highlights the outstanding achievements and contributions of Navy Medicine personnel and serves as a reference to succinctly communicate the Navy Medicine mission and priorities. Download the latest issue HERE.

RP CORNER

Spiritual Readiness

The morning of March 9, 2025 was a struggle for my family and me. We were aware of the expected change and assumed we were prepared to take on the task, but our physical eco-system had the final say, and the following week was an uphill battle. I am referring of course to Daylight Savings Time (DST).

First introduced in the United States in 1918 as a wartime measure to conserve energy, since 2007-DST has begun on the second Sunday in March and ends on the first Sunday of November, as established by the Energy policy of 2005. DST is an expected change that has transpired our entire lives, yet it can be a difficult change to adapt to-mainly during the Spring as we lose an hour of rest. The point is: If re-occurring expected changes can cause disruptions, how does one remain prepared for unexpected changes?

Change is something that is inevitable in life. There are various psychological research studies that indicate most people do not handle change well. Change can cause good and or bad anxiety, concern, stress, worries, and much more. People can control some changes, but most changes that occur in life is just out of our control. Although we cannot command and control (C2) most changes, we have the power and ability to counter life changes by commanding and controlling our perspective and thoughts.

Some changes have been simple to get acclimated to, while most of the changes will need more time to digest and resonate. Either way, the power of our vision of the changes made remain in our C2, and only we can control our way of looking at the differences. Having the mindset to adapt, overcome, and accept life's changes requires day-to-day repetition and practice. It is imperative for one to remain sanguine during any change(s). We must possess consistent and intentional habits to surmount negative thoughts and perspectives, so we can continue to live wholesome and fulfilling lives regardless of any change(s).

FAIR WINDS AND FOLLOWING SEAS

HM2	ANTWORN DENAE ANDERSON
HM2	CHRISTOPHER JAMES DUKE
HM2	JONATHON MOYD JR.
HM2	JON THOMAS ZIMMERMAN
HM1	MICHAEL LOUIS ADKINS
HM1	JUDD BACHO AQUINO
HM1	TRISTAN MAGTANONG BACTAT
HM1	LAUREN MARIE COONS
HM1	MARIAN LUZ ESTELLA
HM1	STEVEN LOUIS HAYDEN
HM1	JUSTIN ROBERT INMAN
HM1	ELMER REYES LACANILAO
HM1	PHIA LEE
HM1	RUBEN LEYVA JR.
HM1	NEIL ALLENREGERO NUCUP
HM1	LESLY CAROLINA PALENCIA
HM1	CHERYL LYNNE PARKER
HM1	MATTHEW DANIEL PEREZ
HM1	TED PONCEDELEON
HM1	JUSTIN ROBERT PROEHL
HM1	COYA SARAE RICHARDSON
HM1	ARNEL BATINO SAPIDA
HM1	JEREMY CLARK SKURECKI
HM1	JOSHUA ARON SMITH
HM1	JOHN FERNANDO TAAN
HM1	LOUVEL VELICARIA VALENZUELA
HM1	JAMES DAVID WALL
HM1	JONATHAN IAN WALLACE
HM1	SHREECE DUANYELLE WOODS
HMC	COLIN ALFREDBENJAMIN ANDERSON
HMC	DAVID ANGELES ANDIANO
HMC	LUIS BROWN
HMC	ELIJAH BOWE CALES
HMC	MELINDA O CANALES
HMC	ERIN ELIZABETH CASTILLO
HMC	EVAN JOSEPH CENTINEO
HMC	OMAR ANIBAL DECASTROSOSA
HMC	ANDREA ALEXANDRA DONES
HMC	JULIET JAZMIN ELANGOS
HMC	MANUEL ALEJANDRO ESTRELLA
HMC	BENJAMIN RYAN FOY
HMC	FALICHA LANA GARRETT
HMC	MICHAEL VINCENT GEE
HMC	JOSE ERNESTO GONZALEZRAMOS
HMC	WILLIAM JAMES HARRIS
HMC	WILLIE JAMES HARRIS JR.
HMC	BENNY AUGUST HUSINECKY III
HMC	AIA KIRINEDANA JENKINS
HMC	DARRELL ANTONIO JONES JR.
HMC	DANIEL SCOTT LANGHORNE
HMC	ROBERT MALDONADO
HMC	TAMESHA MICHELLE MCKINNON
HMC	STEPHANIE LYNN MOE
HMC	CRAIG NICHOLAS RICHMOND
HMC	ASHTON LYNN RUDOLF
HMC	FELICIA LASHAY VANNOY
HMC	JORGE LUIS VILLAFUERTE
HMC	MARCO DEGUZMAN WEYGAN
HMC	DANIEL ELDON WILLIAMSON
HMC	BRIAN ANTHONY YOCUM
HMCS	MICHAEL RICHARD BARRERA
HMCS	ALISHA DANYELL BRIDGES
HMCS	ALEXA RONALD BRIZUELAGARCIA
HMCS	ALLYN PATRICK BROWN
HMCS	BILLLEE TODD DAVIS
HMCS	MARGA FRANCESCAS GABRIEL
HMCS	SHANNON OLIVIA KIRBY
HMCS	MATTHEW CODY MCNEELY
HMCS	JOHN KIPLING MOREY
HMCS	TREVOR EDWARD STROBEL
HMCS	MINDY BALLMAN SWEENEY
HMCM	SHANNON BIA
HMCM	ARKADIUSZ JAKUB OLSZEWSKI

For many years these Sailors stood the watch.
While some of us were in our bunks at night these Sailors stood the watch.
While some of us were in school learning our trade these shipmates stood the watch.
Yes.. even before some of us were born into this world these shipmates stood the watch.

In those years when the storm clouds of war were seen brewing on the horizon of history these shipmates stood the watch. Many times they would cast an eye ashore and see their family standing there, needing their guidance and help, needing that hand to hold during those hard times but they still stood the watch.

They stood the watch for twenty years or more. They stood the watch so that we, our families and our fellow countrymen could sleep soundly in safety, each and every night, knowing that a Sailor stood the watch. Today we are here to say, Shipmates the watch stands relieved. Relieved by those you have trained, guided, and led. Shipmates you stand relieved.

WE HAVE THE WATCH

FALLEN, BUT NEVER FORGOTTEN

Hospitalman Kyle A. Nolen

Nolen, 21, of Ennis, Texas, died Dec. 21, 2006, in Al Anbar Province, Iraq. Doc Nolen was assigned to India Company, 3rd Battalion, 4th Marine Division, Regimental Combat Team 7, I Marine Expeditionary Force Forward out of 29 Palms, California.

Hospitalman Christopher A. Anderson

Anderson, 24, of Longmont, Colorado, died Dec. 4, 2006, as a result of enemy action in Al Anbar Province, Iraq. Doc Anderson was assigned to 1st Battalion, 6th Marines, 2nd Marine Division, Fleet Marine Force, Atlantic, based in Camp Lejeune, North Carolina.

Hospital Corpsman 3rd Class John D. House

House, 28, of Ventura, California, died Jan. 26, 2005, in a helicopter crash near Ar Rutbah, Iraq. Doc House was permanently assigned to Naval Medical Clinic Hawaii, Marine Corps Unit Detachment, Pearl Harbor.

Hospital Corpsman 2nd Class Xin Qi

Qi, of Cordova, Tennessee, died January 23, 2010, while supporting combat operations in Afghanistan. Doc Qi was assigned to 4th Light Armored Reconnaissance Battalion, Marine Expeditionary Brigade, Afghanistan.

Hospital Corpsman 1st Class Gilbert Miniares Jr.

Miniares, 31, of El Paso, Texas, died February 7, 2007, in a helicopter crash in Al Anbar Province, Iraq. Doc Miniares was assigned to Marine Advisory Group 14, 2nd Marine Aircraft Wing, Cherry Point, North Carolina.

Hospital Corpsman 3rd Class Manuel A. Ruiz

Ruiz, 21, of Federalsburg, Maryland, died February 7, 2007, in a helicopter crash in Al Anbar Province, Iraq. Doc Ruiz was assigned to 2nd Medical Battalion, 2nd Marine Logistics Group, II Marine Expeditionary Force, Camp Lejeune, North Carolina.

Hospitalman Matthew G. Conte

Conte, 22, of Mogadore, Ohio, died February 1, 2007, while his unit was conducting combat operations in the Al Anbar Province, Iraq. Doc Conte was assigned to 2nd Battalion, 3rd Marine Regiment, 3rd Marine Division, III Marine Expeditionary Force, Kaneohe Bay, Hawaii, serving under the command of I Marine Expeditionary Force (forward).

Hospital Corpsman 3rd Class John T. Fralish

Fralish, 30, of New Kingstown, Pennsylvania, died February 6, 2006, when enemy forces opened fire on a U.S. patrol northwest of Methar Lam in Laghman Province, Afghanistan. Doc Fralish was assigned to the 3rd Marine Division Detachment, Marine Corps Base Hawaii, Kaneohe, Hawaii.

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